



# Report of an inspection of a Designated Centre for Disabilities (Mixed).

## Issued by the Chief Inspector

Name of designated centre:	Boherduff Services
Name of provider:	Brothers of Charity Services Ireland CLG
Address of centre:	Tipperary
Type of inspection:	Unannounced
Date of inspection:	18 January 2022
Centre ID:	OSV-0005291
Fieldwork ID:	MON-0033760

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Boherduff Services is registered to provide a full-time residential and shared care service for children and adults. At the time of this inspection, only adults were supported in the centre. The centre is based in Co. Tipperary. The capacity of the centre is four people of mixed gender who have been diagnosed with an intellectual disability, including those with a diagnosis of autism spectrum disorder and challenging behaviour. At the time of this inspection there were two residents living there, a third resident in receipt of shared care and one vacancy. The centre is a single-storey detached building with five bedrooms, a kitchen and living room. A section of the house is allocated for the sole use of one resident. There are large gardens around the premises and outdoor play equipment at the rear. The staffing complement is described in the statement of purpose as matching the particular needs of the people supported. The staffing team in place consists of a team leader (the person in charge), social care workers and care assistants. The statement of purpose sets out that the centre aims to provide a warm and homely environment that is tailored to individual preferences and needs. The centre has the use of three vehicles for the transportation of residents.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 18 January 2022	11:50hrs to 18:00hrs	Lisa Redmond	Lead

## What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met with two of the three residents that lived in the designated centre. As this inspection was completed during the COVID-19 pandemic, the inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

Overall the inspector found that residents were provided with a good level of care and support. Residents were safe in their home. It was evident that the designated centre was well prepared in the event of an outbreak of COVID-19 in the centre. However, improvements were required in areas including risk management and staffing resources.

The designated centre provided full-time residential support to two residents. A third resident lived in the centre on a part-time basis, three nights each week. This resident was not in the centre at the time of the inspection, therefore the inspector did not have an opportunity to meet them. There was one resident vacancy in the designated centre.

On arrival to the centre, the inspector met with the three staff members on duty. These staff members worked in one of the organisation's day services. They were supporting the resident in their home on the day of the inspection, as the day service building was undergoing maintenance works. The inspector was advised that the resident was sitting on the designated centre's bus, and that they chose to spend a lot of time in the designated centre's vehicle. It was also noted that when the resident was seated in this vehicle that they were restrained. The inspector reviewed the use of restrictive practices relating to this resident, and their behaviour support plan which supported these practices, in line with the assessed needs of the resident. It was evident following this review that this measure was a last resort to ensure the safety of the resident.

The inspector requested to meet this resident, and staff members gave the resident prior notice of this. Staff members discussed key elements of the resident's behaviour support plan and communication needs before the inspector met with them. This resident used gestures, some words, and physical prompts to communicate. The resident waved hello to the inspector, and staff members facilitated conversation with the resident and the inspector. The resident enjoyed watching hurling and football matches, and staff members told the inspector that they support the resident to attend matches at the weekend. The resident gave 'thumbs up' as staff members told the inspector about their likes and interests. After a few minutes the resident waved at the inspector to indicate that they wanted them to leave and this choice was respected.

The inspector met with the second resident living in the centre as they returned back to the centre after attending day services. The resident communicated using

gestures, physical prompts and vocalisations. The resident did not engage with the inspector, however the inspector observed the resident as they interacted with staff members and their environment. At all times, interactions between the resident and staff members were noted to be respectful in nature. It was evident that staff members spoken with were knowledgeable about the assessed needs of the resident.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

The inspector found that there was a good level of oversight of care delivery in the designated centre. This had improved since the previous inspection carried out by the Health Information and Quality Authority (HIQA) in June 2021. However, it was noted that the designated centre was not resourced in line with the assessed needs of residents, when all residents were in the centre.

In response to the findings of the inspection completed by HIQA in June 2021, a number of actions had been taken by the registered provider to increase compliance with the regulations. Premises works had been under taken, which included replacement of flooring in a bathroom. Fire drills were completed to evidence that staff members could safely evacuate all residents from the centre in the event of an emergency, when two staff were on duty at night. It was also noted that an unapproved practice of physical restraint was no longer used in the centre. These actions had a positive impact on the safety and welfare of residents living in the centre.

At the time of the inspection, two residents lived in the centre on a full-time basis, with a third resident living in the centre three nights each week. It was evident that staffing levels were appropriate when there was two residents in the centre, however the staffing levels did not increase when all three residents were in the centre. It was outlined in residents' behaviour support plans and supervision protocols that a total of six staff would be required to meet the needs of all three residents. However, five staff were rostered on duty each weekend to support the residents. This had a negative impact on the ability of one resident to access recreational and community activities, and increased their risk of injury according to risk assessment. As a result of the findings of the inspection in June 2021, the registered provider had advised that they would be seeking funding to provide additional staffing support for the residents. The inspector was informed that this funding request had not been submitted, and that additional staffing had not been put in place.

Staff working in the centre were aware of the needs of residents, and were

observed providing care and support in a respectful manner at all times. It was evident that staff members were committed to their role and were aware of their roles and responsibilities. Staff working in the centre had received mandatory training in fire safety, safeguarding vulnerable adults and the management of behaviour that is challenging. Staff working with one resident had received a much more comprehensive version of training on the specific needs of this resident, and how to respond to challenging behaviour that they may engage in. This ensured that staff members could respond appropriately, in line with the resident's behaviour support plan.

#### Regulation 14: Persons in charge

The registered provider had appointed a person in charge in the designated centre. This individual held the necessary skills and qualifications to fulfil the role. This included a relevant management qualification and no less than three years' experience in a management role in a health and social care setting. They held this post in a full-time position.

The person in charge held the role for this designated centre alone. Their office was located in the designated centre, therefore they provided on-site management and supervision of staff working in the designated centre.

Judgment: Compliant

#### Regulation 15: Staffing

Residents were supported by a team of social care workers and social care leaders. Staff spoken with were knowledgeable about the assessed needs of residents. All staff working in the centre reported directly to the person in charge.

The number of staff on duty was not in line with the assessed needs of residents, as outlined in residents' supervision protocols and behaviour support plans. This occurred at weekends, when the resident who lived in the centre on a part-time basis was in the centre. Therefore, when all three residents were in the centre, staff supervision could not be provided in line with all residents' assessed needs. This was a repeated area of non-compliance with the regulations.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Staff working in the centre had received mandatory training in fire safety, safeguarding of vulnerable adults and the management of behaviour that is challenging. Staff who provided support to one of the residents had received additional training in supporting this resident to manage behaviour that is challenging.

Staff members had also completed training to promote infection prevention and control. Staff working with one resident received training in management of epilepsy and the administration of emergency medication, in the event this was required.

Judgment: Compliant

### Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre. It was evident that the oversight of the centre had significantly improved since the inspection completed in June 2021. This included audit and review through the completion of an annual review of service provision and unannounced six monthly visits. Analysis of challenging behaviour, incidents and accidents were completed by the person in charge. An external auditor completed medication audits in the centre on a regular basis.

However, it was noted that the designated centre was not resourced in line with the assessed needs of all residents. This was a repeated area of non-compliance with the regulations. It was also identified that the registered provider had not taken appropriate action to come into compliance with this regulation in line with the compliance plan response that was submitted to HIQA after the June 2021 inspection had taken place.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The inspector reviewed the designated centre's incident and accident log. It was evident that the person in charge had ensured that the chief inspector had been notified of incidents occurring in the designated centre as outlined in regulation 31. This included an outbreak of COVID-19 in the centre and any serious injury to a resident which required hospital treatment.

Judgment: Compliant

## Quality and safety

Management systems in place had addressed a number of issues that had previously impacted residents living in the centre. There were significant improvements made with respect to the management of behaviour that is challenging, the use of restrictive practices and personal planning for residents. Although, improvement was required to ensure that risks in the designated centre were appropriately managed.

On arrival to the centre, the inspector was asked to provide their temperature reading, in line with public health guidance. A visitors book was located at the entrance of the centre, which recorded all individuals who came into the centre. This could also be used in the event that contact tracing was required. Throughout the inspection staff members were observed wearing an appropriate level of personal protective equipment (PPE), including FFP2 masks. Staff spoken with were aware of the designated centre's contingency plan, and were able to give this document to the inspector to review.

A comprehensive assessment of each residents' health, personal and social care needs had been completed on an annual basis. This included areas such as risk management, residents' goals, communication and managing behaviours that challenge. There was evidence of multi-disciplinary team involvement, to ensure residents were supported by relevant health and social care professionals.

A method of physical restraint was used in the centre, and this was outlined in the resident's behaviour support plan. It was evident from a review of documentation and discussions with staff members that this practice was used as a last resort, to support the resident to manage behaviour that is challenging. This practice was overseen by the psychologist who developed the resident's behaviour support plan. However, a risk assessment for the use of this practice had not been completed. Therefore, it was not clearly documented what controls were needed to ensure the safety of the resident and staff members when this practice used.

## Regulation 10: Communication

It was evident that residents were supported to communicate in line with their assessed needs. For example, one resident's behaviour support plan had a clear focus on communication with the resident, including the importance of providing them with prior knowledge and the use of their communication book. Staff members discussed the resident's communication book with the inspector and explained how this was used to inform them about their day.

Residents had access to appropriate media including television, radio and the internet.

Judgment: Compliant

### Regulation 17: Premises

The residents' home was a bungalow which was located in a rural setting on the outskirts of a large town. The centre was in close proximity to a range of local amenities including shops and restaurants. The residents' home was clean and warm. Two residents were supported in the main house while one resident was provided with an individualised apartment area to the side of the premises. The environment was decorated with minimal items in line with the assessed needs of residents. However, staff members had made the centre more homely for one resident by having a mural painted on the wall of their home. Some areas of the centre required painting however the person in charge advised that this was due to take place after the inspection had taken place.

The designated centre had a large back garden which had recreational items including a trampoline and a swing.

Judgment: Compliant

### Regulation 26: Risk management procedures

The designated centre had a risk register in place. Risk assessment was utilised in the centre to ensure controls were in place to ensure the safety of staff and residents. It was noted that a method of physical restraint was used in the designated centre. Although this practice had oversight and was reviewed by relevant professionals, there was no evidence of a risk assessment regarding its use. Therefore it was not clearly evident or documented what controls were put in place to ensure the safety of the resident and staff members when this practice was in use.

In line with a risk assessment, one resident needed to be supervised by two staff at all times when they were awake as they were at a significant risk of absconding. At times, due to the staffing levels in the centre, this resident was not provided with the support of two staff members. However, the risk rating applied to this risk identified that it was likely that the resident would try to abscond bi-monthly. On discussion with staff, it was noted that this had not occurred for a number of years. Risk assessment required review to ensure the risk ratings were in line with the level of risk identified. This risk had been escalated to senior management by the person in charge.

Judgment: Substantially compliant

## Regulation 27: Protection against infection

It was evident that staff members were aware of measures in place to protect residents against COVID-19. Staff members wore appropriate personal protective equipment (PPE) when providing support to residents. A contingency plan had also been developed to ensure that staff members were aware of the actions to be taken in the event of an outbreak of COVID-19. The contingency plan included information specific to the designated centre including donning and doffing areas, waste and laundry management.

There were protocols and procedures available with information on what to do if staff or residents present with symptoms of COVID-19. Easy-to-read information was available to residents.

Judgment: Compliant

## Regulation 28: Fire precautions

Fire-resistant doors, emergency lighting and fire-fighting equipment were provided. The designated centre was divided into zones, and these areas were clearly displayed beside the fire alarm panel so that staff could quickly identify the location of a fire or smoke. Regular fire drills were carried out in the designated centre, and this evidenced that all residents could be safely evacuated in an emergency.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident was subject to a comprehensive assessment of their health, personal and social care needs. Where residents had an identified area where they required support, there was clear guidance to staff on how to support residents to meet these needs. Residents participated in the personal outcomes measures where goals were developed.

Judgment: Compliant

## Regulation 6: Health care

When residents had an identified healthcare need, this was supported by a plan of

care. Staff members were supporting one resident to receive input from a specialist regarding their health care. There was also evidence of regular multi-disciplinary input regarding resident's health.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Physical restraint was used in this designated centre. Where this practice was in place, there was evidence of multi-disciplinary input and agreement that this was required as a last resort to support residents to manage behaviour that is challenging. All staff who use this practice had advanced training in this area.

All three residents who lived in the designated centre had a positive behaviour support plan in place. The inspector reviewed a sample of the resident's plans and noted that they included clear guidance for staff on how to support residents. Two residents received regular input from a psychiatrist. A sensory assessment had also been completed for one resident.

Judgment: Compliant

### Regulation 8: Protection

There were no open safeguarding concerns in the designated centre at the time of this inspection. The designated centre had a safeguarding policy which outlined the responsibilities of staff members to report allegations of suspected abuse. A designated officer had been appointed in the organisation.

Judgment: Compliant

### Regulation 9: Residents' rights

One resident was receiving advocacy support to identify the best course of action to be taken, in line with their will and preference, for a health concern. Staff and family members were supporting this process.

It was noted that the staffing levels in the centre impacted on one resident's ability to engage in activities in line with their choice and wishes. For example, the resident's activities were restricted to local community based activities only in the event that staff members had to return to the designated centre to support another

resident in line with their positive behaviour support plan.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Boherduff Services OSV-0005291

Inspection ID: MON-0033760

Date of inspection: 18/01/2022

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The Registered Provider and Person in Charge have reviewed the budget assigned to the location, analysed incidents and the rostering arrangements in place and has made changes to the allocation of staffing to ensure the assessed needs of the residents are met when the resident who lives in the centre on a part time basis is present, as well as at other times.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:            The Registered Provider and Person in Charge have reviewed the budget assigned to the location, analysed incidents and the rostering arrangements in place and has made changes to the allocation of staffing to ensure the assessed needs of the residents are met when the resident who lives in the centre on a part time basis is present, as well as at other times.</p>	
Regulation 26: Risk management procedures	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:  The risk assessment relating to absconding will be reviewed to take into account the facts of the current situation for this individual and to ensure the risk ratings and management plan are in line with the level of risk identified.</p> <p>The risk assessment relating to the physical intervention has been completed and documents the controls in place to ensure the safety of the resident and staff members when it is utilised.</p> <p>The Registered Provider and Person in Charge have reviewed the budget assigned to the location, analysed incidents and the rostering arrangements in place and has made changes to the allocation of staffing to ensure the assessed needs of the residents are met when the resident who lives in the centre on a part time basis is present, as well as at other times.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:  The Registered Provider and Person in Charge have reviewed the budget assigned to the location, analysed incidents and the rostering arrangements in place and has made changes to the allocation of staffing to ensure that the resident's activities of choice can be facilitated without interruption due to the needs of another.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	12/03/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	12/03/2022
Regulation 26(2)	The registered provider shall ensure that there	Substantially Compliant	Yellow	18/03/2022

	are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Substantially Compliant	Yellow	12/03/2022